

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019948

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 2817

STATE FILE NUMBER

FILED JUN 3 1963

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Merriam</b>	
Length of stay in 1b <b>1 yr.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>3621 Warwick</b> INSTITUTION <b>McCarthy Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>5808 Mackey</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>LESTER MILO BARNARD</b>			4. DATE OF DEATH Month <b>May</b> Day <b>15</b> Year <b>1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/22/1889</b>	9. AGE (last birthday) <b>74 yrs.</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>accountant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City Gov't &amp; schools</b>		11. BIRTHPLACE (City and state or country) <b>Miami Co. Kansas</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>J. B. Barnard</b>			
13b. MOTHER'S MAIDEN NAME <b>Dora Atkinson</b>		14. NAME OF HUSBAND OR WIFE <b>Lou Jordan Barnard (dec.)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or, unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>W.W.I</b>		17. INFORMANT <b>Mrs. Charles A. Courtney 5808 Mackey</b>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) <b>1 year</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (e.g., disease condition given in PART I (a)) <b>Amputation left leg at hip joint one year ago</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>5:15</b> a.m. p.m.	Month, Day, Year <b>5-15-63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Plaza Theatre Bldg</b>	
20g. COUNTY <b>Leavenworth Co. Kansas</b>		20h. STATE <b>Kansas</b>	
21. I attended the deceased from <b>4-18-63</b> to <b>5-15-63</b> and last saw him alive on <b>5-15-63</b>			
Death occurred at <b>1040</b> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <b>Kenneth G. Davis</b>		22b. ADDRESS <b>1120 P. 1st St. E. City, Mo.</b>	
22c. DATE SIGNED <b>5-15-63</b>		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>5/17/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Muncie Cemetery</b>	23d. LOCATION (City, town, or county) <b>Leavenworth Co. Kansas</b>
24. FUNERAL DIRECTOR <b>Geo. F. Porter &amp; Son K.C. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-16-63</b>	
26. REGISTRAR'S SIGNATURE <b>K. L. Long</b>			

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF **Kenneth G. Davis** MEDICAL CERTIFICATION

JUN 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Howard L. Porter

Licensed Embalmer No. 3751

P. O. Address 19th & Minnesota

Kansas City, Ks.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.